TRANSMITTAL FORM  (to be used for all correspondence after initial formula in the correspondence after initial	no persons are required to respond to a confidence of Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name  Attorney Docket Number	PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of the control number.  09/480,826  01/10/2000  Charles S. Taylor  3731  Dawson, Glenn K.  GUID-006CON5
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address  Status Letter  Other Enclosure(s) (please Identify below):  -Credit Card Payment Form (1pg.) -Postcard
SIGNATE  Firm Name  LAW OFFICE OF ALAN W.  Signature  Printed name  ALAN W. CANNON  Date	CANNON  TURE OF APPLICANT, ATTO	Reg. No. 34,977
I hereby certify that this correspondence is be	ERTIFICATE OF TRANSMISS eing facsimile transmitted to the USP relope addressed to: Commissioner for	FO or deposited with the United States Postal Service with or Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date

PTO/SB/17 (06-07)

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Effective	on 12/08/200	)4.	,	Complete if Known				
THE RESERVE OF THE CONSOLIDATE OF THE PROPERTY		* ADDICATION NUM	Application Number 09/480,826					
FEE TRANSMITTAL   For FY 2007		Filing Date	01/1	01/10/2000				
		First Named Inve	entor Tayl	or				
		Examiner Name	Daw	son, Glenn K.	_			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Art Unit 3731					
TOTAL AMOUNT OF PAYMENT (\$) 260.00		Attorney Docket	No. GUII	GUID-006CON5				
METHOD OF PAYMENT (check all that apply)								
Check ✓ Credit Card  Money Order  Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	_ /^\	nall Entity Fee (\$)	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150 50		200	100			
Design	200	100 10		130	65			
Plant	200	100 30	0 150	160	80			
Reissue	300	150 50	0 250	600	300			
Provisional	200	100	0 0	0	0			
2. EXCESS CLAIM FEES Small Entity								
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025								
Each independent claim					200	100		
Multiple dependent cla					360	180		
Total Claims E	Extra Claims		Fee Paid (\$)		Multiple Dep	endent Claims		
- 20 or HP =  HP = highest number of total cl			<del></del>		<u>Fee (\$)</u>	Fee Paid (\$)		
	Extra Claims		ee Paid (\$)					
- 3 or HP =	ndont alaima	_ X = _						
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Two Terminal Disclaimers \$260.00								
SUBMITTED BY								
Signature Registration No. 24 077 Telephone (408)736 2554								
						114/07		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.